BRANDON RHA

BRANDON REGIONAL HEALTH AUTHORITY

2011 ANNUAL REPORT

For the fiscal year April 1, 2010 to March 31, 2011

Brandon Regional Health Authority offers a wide range of health services and programs to the citizens of Brandon and the municipalities of Cornwallis, Elton, Whitehead and our neighbouring regions.

Programs and Services include Long Term Care, Public Health, Home Care, Mental Health, Audiology, Medical Officer of Health, Rehabilitation, Acute Care and Ambulatory Care Services, 7th Street Health Access Centre and a full range of Diagnostic Services.

Brandon Regional Health Centre serves as a regional referral centre for the "Westman" area.

Table of Contents

Letters of Transmittal 3
The Region 4
2010/2011 Board Members 4
Board Governance 5
Management Advisory Committees 5
2010/2011 Executive Management Committee 6
Organizational Structure as of June 2011 6
Health System Infrastructure 7
2006/2007 to 2010/2011 Strategic Priorities 8
Achievements 2010-2011 9-17
Community Health Assesment 17
Highlights, Challenges and Future Direction 18-20
Auditor's Report 21
Consolidated Statement of Financial Position 22
Consolidated Statement Of Operations 23

Letters of Transmittal

Margaret MacDonald, Board Chair

We have the honour to present the annual report for the Brandon Regional Health Authority, for the fiscal year ended March 31, 2011.

This annual report was prepared under the Board's direction, in accordance with The Regional Health Authorities Act and directions provided by the Minister of Health. All material economic and fiscal implications known as of August 1 have been considered in preparing the annual report.

Respectfully submitted on behalf of Brandon Regional Health Authority,

M B MacDonald

Brian Schoonbaert, Chief Executive Officer

This report provides details related to the implementation of the final year of the 2006/2007 to 2010/2011 Strategic Health Plan for the Brandon Regional Health Authority. This report demonstrates our success towards meeting our vision of improving the health status of the community through strategies that focus on wellness and the factors that determine health. It is important to acknowledge all the staff and community partners that have been involved in achieving these goals and I look forward to working with them all again in the future as we address the priorities in the region's subsequent strategic plan.

Our region has continued to demonstrate a strong commitment to innovation and continuous improvement as evidenced by our many Lean / Six Sigma projects, as well as our eagerness to participate in the Manitoba Health driven innovation strategies.

The region continues to successfully demonstrate its commitment to a population health approach attempting to implement many strategies that address the factors that determine health. In this case, we have to acknowledge the many community and organizational partners without whom we could not achieve these goals.

Finally, I would like to acknowledge the many individuals and departments within the region that have been recipients of awards that recognize the outstanding achievements made within and by the region. As well, I think it is important to remember that for a second year in a row, the Brandon Regional Health Authority has been identified as one of Manitoba's Top 25 Employers.

As with all healthcare organizations, the years ahead will continue to present many challenges however with the assistance of our staff, our community partners and of course, Manitoba Health, we will undoubtedly be able to manoeuvre and respond to any and all issues that come our way.

Yours sincerely,

B Schoonbaert

The Region

The Brandon Regional Health Authority consists of a geographical area of approximately 67 square kms, encompassing the City of Brandon, the Rural Municipalities of Cornwallis, Elton and Whitehead.

The majority of residents live in the City of Brandon with a population of 46,487 while 2,791 reside in the R.M. of Cornwallis. The R.M. of Elton and the R.M. of Whitehead have 1,307 and 765 respectively (as of 01 June 2009) (Source: 2009/2010 Medical Reports and Population Report, MB Health, 2010). RHA total population data (2009) shows that 18.1% of the population are under age 15; 67.8% are between the ages of 15 and 64; and 14% are over age 65. These figures do not represent a significant change in the breakdown between the age groups since 1996. While no First Nations communities are in the Brandon Region, 9.2% (Source: Community Profile, Statistics Canada, 2009) of the population is of Aboriginal origin (compared to 4% in the 1991 census data). This figure equates to approximately 4,355 people; however, agents of the Friendship Centre speculate that the number is closer to between 5,000 and 8,000, many of whom are students at Brandon University or Assiniboine Community College and who continue to register their place of residence as on-reserve.

The Brandon Regional Health Centre is a referral centre providing secondary and limited tertiary services to the surrounding regions. In addition, it provides several community-based services that were established to serve the "Westman" region (e.g. mental health, diabetes education). It is our belief that we serve a population of approximately 120,000 - 180,000, depending on the need for access from residents of Assiniboine, Parkland and Central Regions, and the eastern portion of the Province of Saskatchewan. "Providers of Service" reports indicate that for most specialties, more than 50% of specialist services are provided to people residing outside of the Brandon RHA. Hospitalization data demonstrates that approximately 35.3% of hospital days are attributable to non-residents.

In the Brandon Region, census data indicates that average household incomes have increased between 1996 ($41,727), 2001 ($48,287) and 2005 ($52,030), but remain lower than the provincial average. Individual income levels have also increased; however, females at $27,323 remain significantly lower than males who average $35,961. The unemployment rate for the City of Brandon is estimated at 4.1% (2009), which is similar to the provincial rate (4.2% in 2008), but lower than the national rate (8.6% as of June 2009). The rate is higher for males (5.5%) than for females (5.3%). Rural unemployment rates are lower due to the agricultural industry and concentration of seniors in towns and villages.

During the last decade, the Maple Leaf Foods hog processing facility in Brandon has positively impacted population growth, the economy, and the ethnic diversity of the community. In this context, despite very strong new dwelling construction numbers, the demand for low cost dwellings in Brandon has increased and access to sufficient safe, affordable housing remains a concern in the community.

2010/2011 Board Members

The April 1 2010 - March 31, 2011 Board Members

Front row L-R: Barbara Anne Smith, Rita Blaikie, Marg MacDonald - Chair, Terry Parlow, D.J. Scotty McIntosh, Anne Todd

Back row L-R: Charles Cuerrier, Dean Dietrich - ARHA Rep., Jo-Anne Douglas, Alison McNeill-Hordern - Vice Chair, Roland Vodon, Perry Roque, Al Patterson

Missing in photo: Karen Doty-Sweetnam

Board meetings are held at 7 pm on the third Tuesday of each month in the City Hall Council Chambers.

Meetings are open to the public and also aired on WCG-TV.

Approved Board minutes are available online at www.brandonrha.mb.ca

Board Governance

The Board has three standing committees: Finance/Audit, Executive and Committee of the Whole. The Board Chair acts as liaison to the Provider Advisory Council.

Through executive limitations policies, the Board acts to ensure that the health plan is implemented, that funds are allocated appropriately, and that effective systems of control and legislative compliance are maintained.

Through its Finance/Audit Committee, the Board

- Reviews, approves and recommends financial disclosure.
- Maintains oversight of internal financial control.
- Maintains communication with auditors.
- Focuses on areas of significant risk to the Board.

On behalf of the Board, Management

- Reports accurately, consistently and on a timely basis.
- Selects and recommends policies, estimates and disclosures.
- Maintains cost-effective internal control and management information systems.

On behalf of the Board, External Auditors

- Assess the appropriateness of accounting policies, estimates and disclosures.
- Review key financial internal control systems.
- Provide value-added, cost-effective audit services.
- Focus on areas of significant risk to the Board.

Executive Limitations Policies

- Define parameters for the Chief Executive Officer.

Monitoring through surveys and self-assessments

- The Board of Directors conducts an annual self-assessment process under the leadership of the Board Chair. The board discusses and interprets the outcome of the self-assessment and creates a work plan highlighting specific goals and objectives for improvement in identified areas.

Board/Executive Management Advisory Committees

Medical Advisory Committee (MAC) is comprised of physician clinical department chiefs, with representation from the Assiniboine RHA and the Brandon RHA Executive Management Team. The VP Medical and Diagnostic Services acts as Chair. MAC reviews departmental issues, makes recommendations for medical staff appointments, and provides advice on other matters.

Provider Advisory Council (PAC) is an advisory group that includes providers from a number of programs throughout the region. PAC offers professional and paraprofessional expertise and advice to the Brandon RHA Board of Directors. The Council promotes collaboration and effective working relationships among health care providers. PAC provides consultation and/or advice to the RHA on matters having an impact upon, or otherwise involving, the delivery of health services in the Region.

Spiritual Care Advisory Committee acts as a forum for discussing issues of how the local faith communities, clergy, Aboriginal Elders and the Brandon RHA might offer spiritual care in a collaborative, effective fashion.

Ethics Committee is a group of health professionals and community members from Brandon and Assiniboine Regions who assist families, individuals and healthcare providers to work through ethical issues.

Upon inception of regionalization, the Minister of Health for the province of Manitoba waived the requirement for the Brandon Regional Health Authority to have a District Health Advisory Committee. Based on the geographical area of the region and the organization of programs and services being centralized in the City of Brandon, it was determined that the Brandon Regional Health Authority would have a "representative" board, which includes appointees from the RMs and a cross appointment from ARHA.

We also have multi-agency and consumer representation on a variety of committees that are operational in nature.

RHA Committees with Public Representation

- Regional Diabetes Program Advisory Committee
- Sexual Health Committee
- Maternal Child Program Team
- Cancer Care Coordinating Team
- Home Care Coordinating Team
- Brandon Community Health Partners
- Ethics Committee
- Expressions (Community Mental Health)
- Aboriginal Health Sharing Circle
- Spiritual Care Advisory Committee
- Families First Coalition
- Mental Health Advisory Committee

2010/2011 Executive Management Committee

CHIEF EXECUTIVE OFFICER
Carmel Olson
Reporting through the Chairman of the Board, the CEO is ultimately responsible for the administration and delivery of all health care services provided by the Brandon Regional Health Authority. Working closely with the senior management team, the CEO has primary responsibility for establishing a framework for future direction and providing leadership for strategic planning processes.

An important role for this position involves interacting with Manitoba Health, elected officials and other regions. As well, the CEO serves as the primary spokesperson for the Region, dealing with the media, staff and members of the public.

With the March 31, 2011 retirement of Carmel Olson, Brian Schoonbaert was hired as the new CEO.

VICE PRESIDENT MEDICAL AND DIAGNOSTIC SERVICES
Dr. Charles Penner
- BRHC Clinical Department Chiefs
- Diagnostic Imaging
- Medical Services
- Research
- Utilization
- Practice Guidelines

VICE PRESIDENT QUALITY, PLANNING AND EVALUATION
Sue Hunter
- Patient Safety
- Risk Management
- Quality Management
- Accreditation
- Process Improvement
- Clinical Documentation
- Organizational Performance System
- Regional Policies
- Population Health
- Patient Representative

VICE-PRESIDENT ACUTE CARE SERVICES
Bev Cumming
- Acute Patient Care
- Hearing Conservation
- Rehabilitation Services
- Volunteer Services
- Spiritual Care
- Infection Control

VICE PRESIDENT COMMUNITY AND LONG TERM CARE SERVICES
Jayne Troop
- 7th Street Health Access Centre
- Home Care
- Mental Health
- Midwifery
- Public Health
- Rideau Park and Fairview Personal Care Homes
- Liaise with Hillcrest Place, Dinsdale Home and Valleyview
- Health Promotion

VICE-PRESIDENT FINANCE AND INFORMATION SERVICES
Brian Schoonbaert
- Financial Services
- Health Information Services
- Information Technology and Telecommunication Services
- Materiels Management
- Pharmacy Services
- Privacy Officer

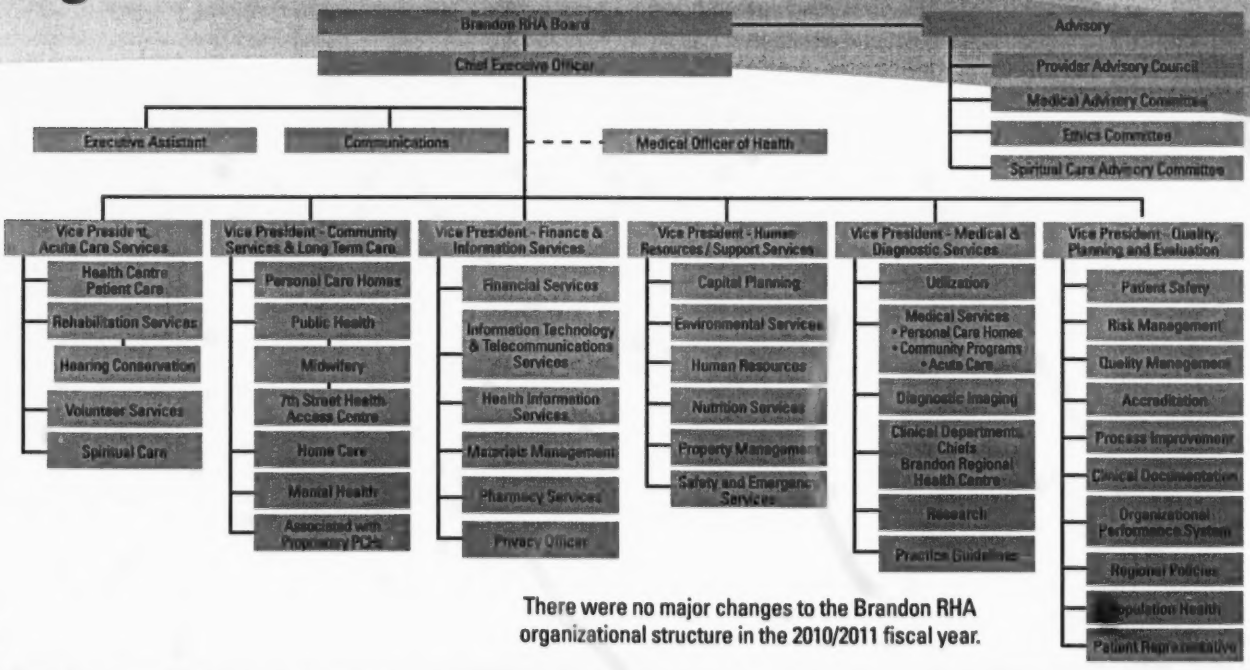
Janet Wilcox-Mckay has been hired as of April 1, 2011 upon Mr. Schoonbaert being hired as the new CEO.

VICE PRESIDENT HUMAN RESOURCES AND SUPPORT SERVICES
Jason Marchand
- Capital Planning
- Environmental Services
- Human Resources
- Nutrition Services
- Property Management
- Safety and Emergency Services

COMPTROLLER/CORPORATE LIAISON
Janet Wilcox-McKay
- Access and Privacy Coordinator for FIPPA
- Budget development processes
- Day-to-day operation of financial and payroll services
- Internal audit process

As of April 1, 2011, this position has changed to the Director of Finance.

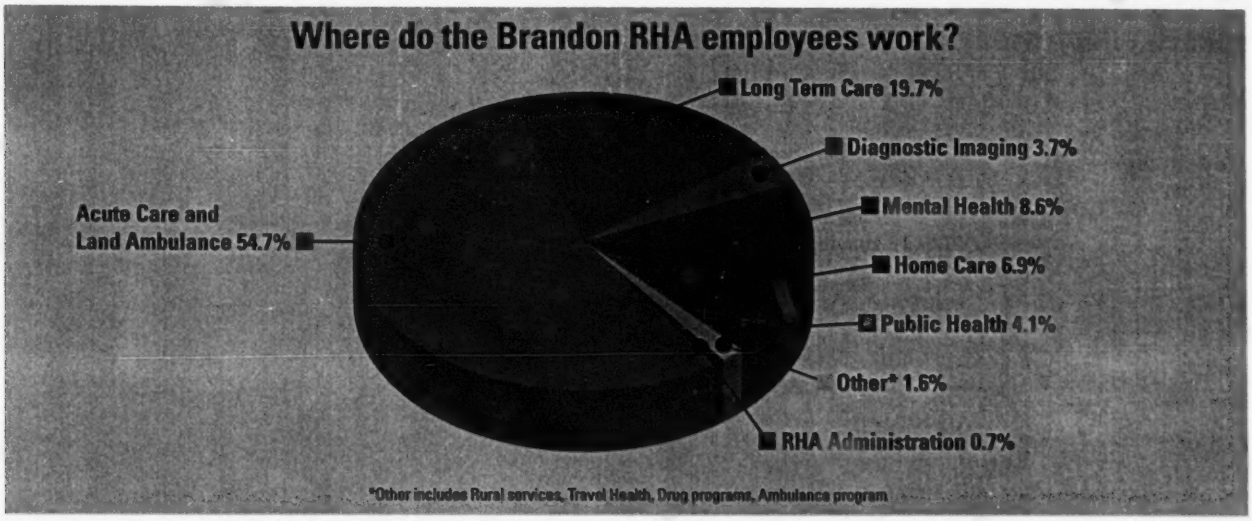
Organizational Structure *as of June 2011*

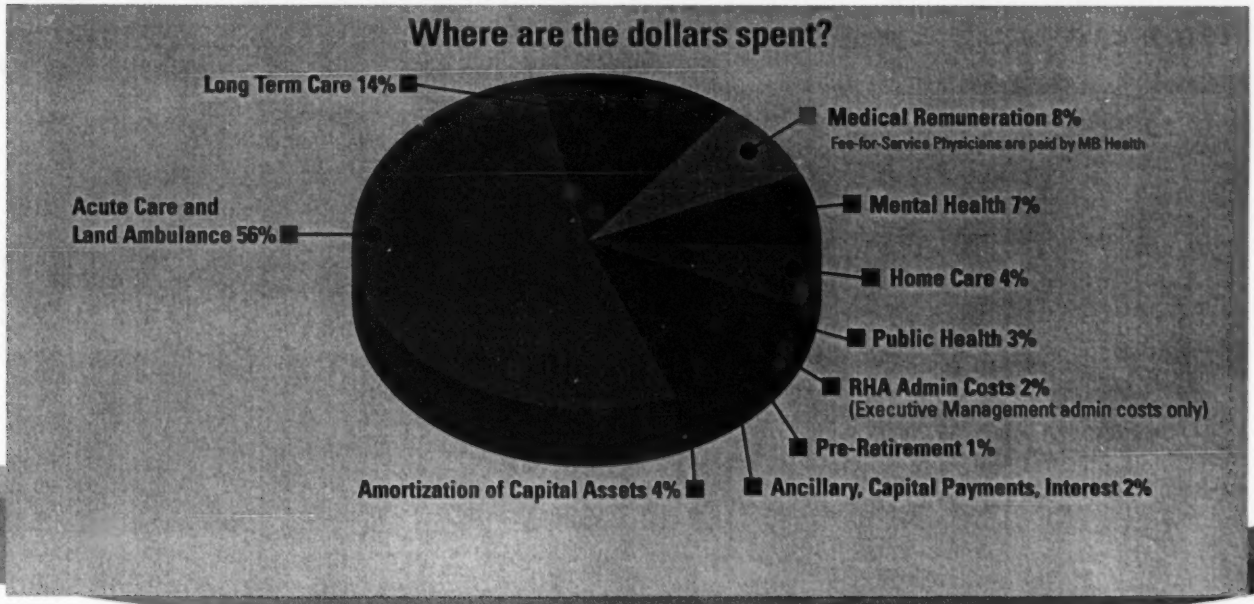


There were no major changes to the Brandon RHA organizational structure in the 2010/2011 fiscal year.

Health System Infrastructure

- The Brandon Regional Health Authority employs over 2500 people in almost 1264 equivalent full-time positions.
- In the 2010/2011 fiscal year, volunteers provided over 49,917 hours of service at Rideau Park, Fairview and the Brandon Regional Health Centre.


Where do the Brandon RHA employees work?
Long Term Care 19.7%
Diagnostic Imaging 3.7%
Mental Health 8.6%
Home Care 6.9%
Public Health 4.1%
Other* 1.6%
RHA Administration 0.7%
Acute Care and Land Ambulance 54.7%
*Other includes Rural services, Travel Health, Drug programs, Ambulance program


Where are the dollars spent?
Long Term Care 14%
Medical Remuneration 8%
Fee-for-Service Physicians are paid by MB Health
Acute Care and Land Ambulance 56%
Mental Health 7%
Home Care 4%
Public Health 3%
RHA Admin Costs 2%
(Executive Management admin costs only)
Pre-Retirement 1%
Amortization of Capital Assets 4%
Ancillary, Capital Payments, Interest 2%

Please Note: Regional Health Authorities determine administrative costs on an annual basis, based on specific criteria determined by the Canadian Institute of Health Information (CIHI). The Audited Financial Statements are presented based on Sectors which include the respective administrative costs. Following is the Brandon Regional Health Authorities administrative costs based on the CIHI criteria:

Administrative cost (% of total):	**4.15%**
Corporate Operations (% of total) (administration, executive offices, standards and projects, board of directors, planning and evaluation, aboriginal health transition, community health needs assessment, quality patient safety and risk, finance, communications, telehealth project)	***3.17%***
Patient Care related functions and Recruitment and Human Resource-related functions (% of total) (privacy officer, infection control, quality assurance, professional practice, accreditation. ***and Recruitment and Human Resource-related functions (% of total)*** (human resources, aboriginal coordinator, employee assistance program, occupational health, nurse retention and recruitment program)	***.98%***

2006/2007 to 2010/2011 Strategic Priorities

The Brandon Regional Health Authority's Strategic Plan is based on five strategic priorities. These priorities provide the direction for delivery of programs and services.

The Brandon Regional Health Authority's Strategic Plan was developed following the development of our vision, mission and values. The strategic priorities as identified below are based on an extensive review of the Community Health Needs Assessment and other supporting data. Progress on these strategic priorities guided by our values and our mission will help our region to realize our vision to be "a model region, responsive to the community through teamwork and a focus on 'health'."

Improved health status of the community through strategies that focus on wellness and the factors that determine health

Human, financial, and capital resources, including [illegible] that support and sustain programs and services [illegible] centered, evidence-based, and needs driven

Health system integration with partnerships that enhance access and minimize duplication

An organization that attracts and retains employees who feel valued and supported

An organizational culture that focuses on safety, disclosure, learning, and improvement, using a system-wide approach

Achievements 2010-2011

The region prepares a five-year Strategic Plan based on priorities established by the Board in consultation with staff and physicians. The process includes an environmental scan of information from multiple sources including Community Health Assessment reports. The following information highlights our annual achievements from our Strategic Plan.

Improved health status of the community through strategies that focus on wellness and the factors that determine health

This strategic priority aligns with the following Manitoba Health's Goal of "Optimize the health status of all Manitobans" and the following Provincial strategies:

- Advance healthy living through strategic partnerships for realignment of resources.
- Through partnership reduce health disparities for at-risk populations defined by socioeconomics, ethnicity, geography, and gender.
- Lead innovation and system change through strategic partnerships.

Critical Success Factors And Strategies

1. Complete implementation of the tobacco reduction strategy and support healthy public policy, e.g. by-laws and other strategies that prohibit or reduce smoking.
2. Sexually transmitted infection / Sexually transmitted diseases Strategy Implementation:
   - Monitor outcome targets established in 2005/06 and amended subsequently.
   - Develop and implement strategies to address incidence and prevalence, based on local epidemiology and resource capacity.
   - Support and participate in strategies to promote healthy, responsible sexual practice.
3. Continue to support healthy child development in children of teenage parents (ages 15 – 19) through prenatal care, parenting skills training, and high school based programs.
4. Demonstrate progress towards achieving targets established for initiation, duration, and data on exclusive, partial, or no breastfeeding.
5. Develop and implement the Chronic Disease Prevention Initiative, based on a framework that addresses cardiac, respiratory and renal diseases as well as cancer (Plan approved in March of 2006).
6. Implement a Coordinated Stroke Strategy in partnership with the Manitoba Heart and Stroke Foundation.
7. Continue to implement the revised Regional Diabetes Program (RDP) with emphasis on the Aboriginal population.
8. Develop and implement a Renal Health (Pre-renal Insufficiency) Outreach Program in collaboration with the Manitoba Renal Program.
9. Develop a long-term plan to address the increasing incidence of mental illness in children, adults and the elderly (findings MCHP Report 2004), and implement Early Intervention Program ("First Contact for Youth Service").
10. Continue development and implementation of an Aboriginal-specific Health Strategy (a population health framework in consultation with Aboriginal groups).
11. Continue implementation of the 3-year Injury Prevention Plan in collaboration with Safe Communities Brandon and Area.

Performance Results

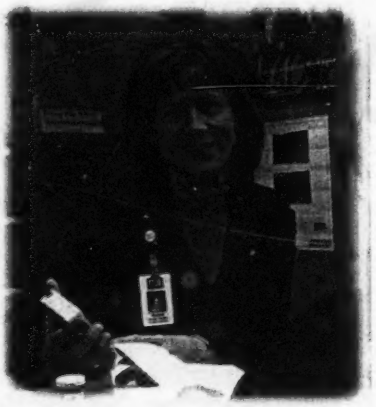
1. The Tobacco Dependence Program in the Brandon RHA continues to provide smoking cessation counseling to staff, inpatients, outpatients, and public (since 2005). The Tobacco Dependence Counselor had 760 referrals and had 435 in-patient visits.

   The RHA continues to partner with *Healthy Brandon Tobacco Free* to reduce tobacco use in the community, including the Blue Lights for Smoke Free Homes project, with 275 registered homes by April 2011.

   Regional staff members from Public Health and the Families First program have been trained in *Start Taking Action to Reduce Second-Hand Smoke*, which is a harm reduction program aimed at smoking single mothers.

   The Brandon RHA Public Health program received grant funding from Registered Nurses Association of Ontario to implement best practice guidelines on smoking cessation in nursing practice. To date 81 Cessation Champions have been trained, with messaging distributed to all Brandon RHA staff and nursing students at BU and ACC.

2. The Sexual Health Program in the Brandon RHA includes Sexually Transmitted Infection (STI) counseling, testing and case and contact management, as well as the provision of reproductive health supplies and services.

   In partnership with the Brandon School Division and the Rolling River School Division, the Brandon RHA continues to operate Teen Clinics at four high schools. These clinics utilize the resources of a Public Health Nurse, Medical Doctor, Addictions Foundation of Manitoba Counselor and a Child and Adolescent Treatment Centre worker.

   In partnership with the Sexuality Education Resource Centre (SERC) and Westman Immigration Services, created the *Take Care Down There* campaign, developing educational resources in Spanish, Russian, Amharic and Mandarin languages.

3. Afternoon pre-natal classes are available targeting teenage moms-to-be. Parenting skills training can be obtained through the Families First Program providing one-on-one home visiting parenting support. The Healthy Beginnings Postpartum program has become so large and successful that it has been changed to a delivery model by child age groups (0-6 months, and 7-12 months) and is now located at Central United Church.

   In order to allow for greater access and improve our service for prenatal clients of different cultures, we are working on having the prenatal class series and registration forms translated into Mandarin and Spanish.

4. The Brandon RHA employs several strategies to promote and support breastfeeding practices with moms. Breastfeeding is promoted with education provided in every prenatal session.

   Staff members participate in the Douglas College breastfeeding course. In April of 2010, the Public Health program developed an additional staff-learning model for breastfeeding as part of their orientation program.

   The Brandon RHA has an active Baby Friendly (BFI) committee and an Aboriginal breastfeeding sub committee that is looking at ways to increase the Aboriginal breastfeeding rates.

5. The Brandon RHA Health Promotion Unit was created in 2009. It employs Health Promotion specialists and Healthy Living Facilitators. All of these staff members play key roles in the highly successful Healthy Brandon Coalition.

   Healthy Brandon follows a well-developed operational plan with focus areas being active living, healthy eating, tobacco reduction, and stress reduction. The target population for Health Promotion activities was initially working adults ages 30 – 59, but has now expanded to entire Brandon population in 2010/2011.

   Healthy Brandon implemented several initiatives within each focus area. Examples include:

   - Blue Lights for Smoke-free homes Campaign
   - Community Gardens expand every year
   - Interactive Life Management workshops delivered to 150 participants in 2010/11
   - Several Laughter Leaders trained and Laughter Yoga events offered consistently
   - Provided healthy lifestyle information to Kiwanis Club Biggest Loser challenge
   - Healthy Brandon website with healthy living information averages 20 hits/day in 2010
   - In Motion events and walking challenges held through the year
   - Fruit and vegetable taste tests incorporated into a variety of community events

   The Brandon RHA participated in the *Get Better Together* chronic disease self-management pilot project with the Wellness Institute. Leaders were trained and the program was delivered several times per year. Despite positive evaluation feedback, enrollment was significantly lower in 2009/2010 – three out of four courses cancelled. Two courses ran in 2010/2011.

6. The Brandon RHA received start-up funding from the Heart and Stroke Foundation of Manitoba for a Stroke Prevention Clinic. The Clinic was launched in October 2008, and since then has grown remarkably; with 563 clinic visits from April 2010 - March 31, 2011.

7. Prairie Health Matters, the Regional Diabetes Education program, formally changed its name to the Diabetes and Heart Health Promotion Program and has been working closely with the Health Promotion Unit staff, the Chronic Disease Team and community partners in the region to improve comprehensive programming and support for individuals at risk for or are living with Diabetes. The weight management series has been offered twice a year. The annual Diabetes Gathering for Aboriginal People was held.

   The Brandon RHA was the first region in Manitoba to develop and implement transfer of function for insulin adjustment.

8. The Renal Health Outreach Program saw the Pre-Renal (PRI) nurse participate in sessions in Sandy Bay, Birdtail, and Brandon (World Diabetes Day and Diabetes Health Promotion) and a presentation in Swan Lake.

9. Clinical Programming Enhancements within the mental health areas include:

   - An increase in the educational sessions available for families and public such as Mental Health First Aid Trainer for Adults and Youth, Triple P Parenting classes at the Child and Adolescent Treatment Centre (CATC), Farmer-to-Farmer with Manitoba Farm and Rural Stress Line, and others.
   - *Feelings Respected Emotional Empowerment* (F.R.E.E) is a new group developed to target those with borderline personality. It was co-developed and co-delivered by staff at the Centre for Adult Psychiatry CAP and Adult Community Mental Health (ACMH)
   - A Family Therapy service was developed at CATC.
   - Co-Occurring Disorders Initiative (CODI)Training was expanded with great response.

10. The Brandon RHA remains committed to the 2003 Partnership Agreement involving 15 Aboriginal groups, Federal and Provincial government departments and other community agencies. The Aboriginal Workforce Initiative in the Brandon RHA recruited 36 new aboriginal hires for 2010/2011, which represent 9.76% of our total hires for that same time period.

    The Region maintains active participation in all Aboriginal Health Fairs. The RHA participates in a mentorship program, in partnership with Service Canada and Advanced Education and Training, to support persons under the age of 19 years old who have dropped out of school.

11. Planning is underway with community organizations to initiate a community-based assessment regarding risk of falls for seniors.

    The *Passport to Safety* workplace safety and health program was integrated as core content for all Grade 10 students in Brandon School Division in 2010/2011. This program is available through corporate sponsorship.

    Prevent Alcohol and Risk Related Trauma In Youth (P.A.R.T.Y.) Program was delivered three times in 2010/2011 with attendance from all four region High Schools in partnership with eight other community groups/agencies and strong support from Brandon University, School of Health Studies nursing students.

    Children's Safety Village is offered at the DASH Tent event annually by Safe Kids Committee, reaching 500 children with safety messages.

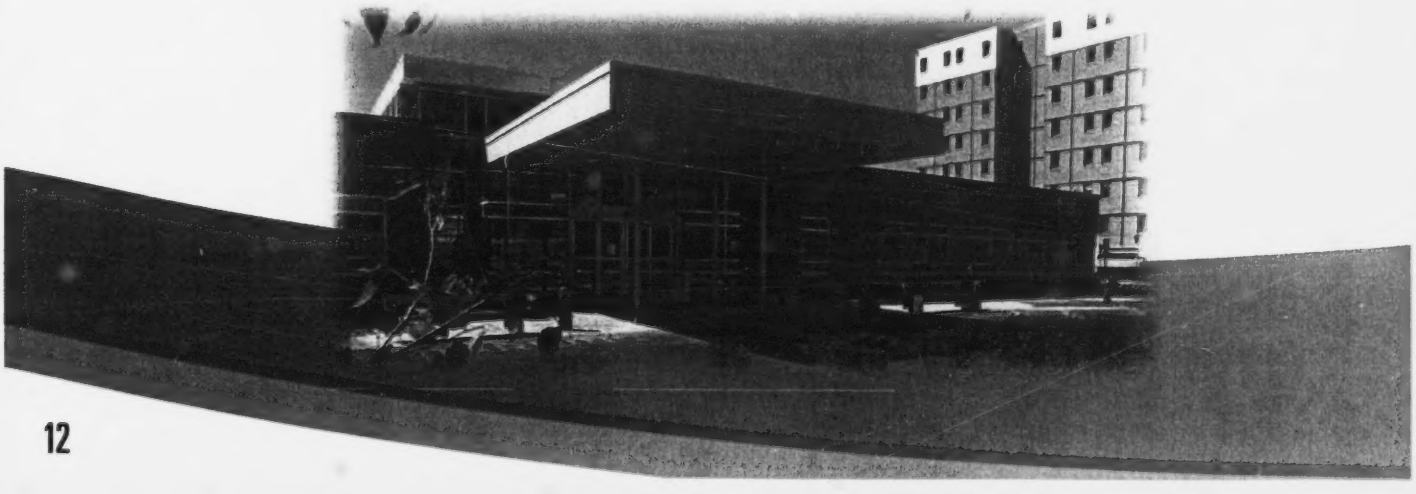
Human, financial, and capital resources, including equipment, that support and sustain programs and services that are people-centered, evidence-based, and needs driven

This strategic priority aligns with the following Manitoba Health's Goals of "Improve quality, accessibility and accountability" and "Achieve a sustainable health system" as well as the following Provincial strategies:

- Advance healthy living through strategic partnerships for realignment of resources.
- Improve access and sustainability in health care delivery through strategic investment in resources.

Critical Success Factors And Strategies

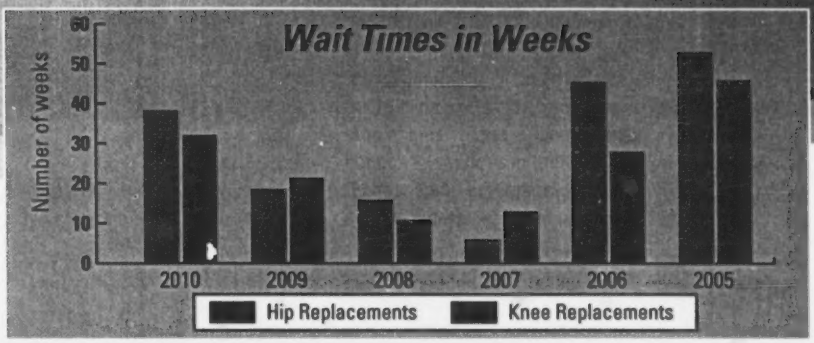
1. Participate in the Provincial Wait List Reduction Strategy in collaboration with Manitoba Health and the Assiniboine RHA:
   - ✓ Support the establishment of a short-term acute Rehab Unit in Rivers.
   - ✓ Support the development and implementation of an arthroscopy service in Minnedosa.
   - ✓ Increase the number of hip and knee replacements/revisions performed at the Brandon Regional Health Centre (excludes hip fracture repairs, which average 80 cases/year).
   - ✓ Increase the number of cataract surgeries performed at the Brandon Regional Health Centre (and Minnedosa).
2. Reconfigure A2 and A3 inpatient units to create compatible patient groupings and improve utilization: A3 - Waiting Placement 26, Supportive Care 12, Palliative 12; A2 - Complex Medical 25, Stroke 12, Ortho Rehab 12.
3. Increase the number of medical beds by a minimum of 12 and complete renovations to the 4th and 5th floors of the General Centre to accommodate increased medical beds.
4. Implement strategies that improve access to physician specialist services, in collaboration with Manitoba Health and the two major clinics, informed by the "Physician Satisfaction Survey Action Plan".
5. Implement recruitment strategies and incentives that will facilitate achievement of the physician resource plan.
6. In collaboration with the Department of Family Practice and MB Health, develop a "Hospitalist" model based on best practices, and implement it in accordance with timelines established for recruitment.
7. Implement a Regional Infection Control Program with a Coordinator.
8. Complete the development, implementation, and monitoring of a Pandemic plan.
9. Continue to secure capital and operating funding for the Capital Management Plan, specialized equipment, and safety/security projects.
10. Complete the development and implementation of a Radiation Therapy Unit in collaboration with Manitoba Health and CancerCare Manitoba (CCMB).
11. Improve accountability in the Emergency Room and promote a shift in efficient use of resources between care and prevention. Develop a plan to address wait time outliers.

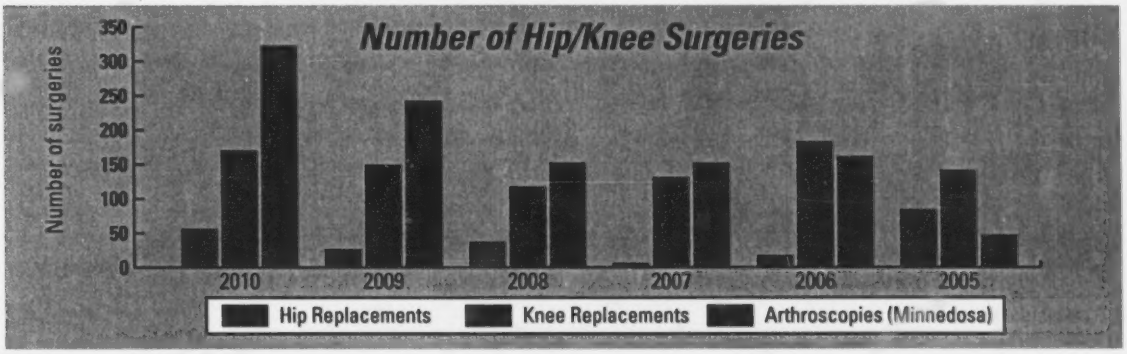


Performance Results

1. The Brandon RHA continues to implement Lean/Six Sigma improvements aimed at decreasing wait times, improving efficiencies and improving access to services in the GI Unit (Endoscopy), Emergency Room and the Operating Room.

   The number of cataract surgeries have exceeded targets, but wait times are increasing.





2. This action was completed in 2008/09 with the reconfiguration of A2 and A3 now fully operational.
3. A funding proposal for the reconfiguration of the 4th and 5th floors in the General Centre has been submitted to Manitoba Health. Additional consideration and planning to increase the medical beds needs to include renovating the aging infrastructure of the General Centre. The Brandon RHA will continue to develop a functional program for these remodels.
4. Brandon was chosen as a site for the University of Manitoba "expanded distributed medical education". In 2010/2011, 35 medical residents completed 51 rotations in our region, 48 medical students completed 52 rotations and three Family Medicine Residents completed a four-month core rotation in Family Medicine.
5. Five specialists, seven family physicians and one midwife were recruited to work in the region in 2010/2011. Additionally, two pathologists and one radiation oncologist were recruited with Diagnostic Services (DSM) and CancerCare Manitoba (CCMB) respectively.

   Temporary privileges were granted to one anaesthetist, one paediatrician, two obstetricians, one midwife, all who provide locum services.

   Two Physician Assistants started work as surgical assistants January 2011.
6. The Hospitalist model has been expanded to two full-time family physicians in August 2010.
7. A Regional Infection Control Committee is established and meets every two months. This is the forum for approval of regional infection control documents/policies, etc. The committee has an action plan established for areas of improvement and is responsible for the Accreditation Standards for the Infection Control Team.

   The Hand Hygiene Campaign has been rolled out in all facility-based care across the region. Evaluation of regional hand hygiene practices will occur annually.

8. The Pandemic Plan was completed and tested during the 2009 H1N1 Influenza Pandemic. The Brandon RHA successfully executed a mass immunization campaign and provided a well-coordinated, safe and effective response to the pandemic.
9. The Brandon RHA received a global baseline adjustment of $6,132,000 and directed increases of $180,100, yielding a total increase of $6,312,000 (3.8%). In the fiscal year 2010/2011, the Brandon RHA spent $1.769 million on safety and security projects; $1.198 million on specialized equipment purchases; $2.871 million on basic equipment and $305,843 on room renovations.
10. Work continued on the Western Manitoba Cancer Center with the Grand Opening occurring in late June 2011. See featured article for more information.
11. The numbers of Emergency Room visits continues to rise. Total increase over the last five years is approximately 21%. The Emergency Department Lean design team continues to actively work towards improving the access to the Emergency department.

Health system integration with partnerships that enhance access and minimize duplication

This strategic priority aligns with the following Manitoba Health's Goal of "Improve quality, accessibility and accountability" and the following Provincial strategies:

- Lead innovation and system change through strategic partnerships.
- Improve access and sustainability in health care delivery through strategic investment in resources.
- Build an integrated primary care system.

Critical Success Factors And Strategies

1. Continue to develop and implement a region-wide integrated Electronic Health Record (EHR).
2. Update and submit a proposal to Manitoba Health for the development and implementation of a community-based Acquired Brain Injury Program (ABI) in collaboration with the ABI Interest Group (Westman).

Performance Results

1. The integration of electronic systems remains a key focus for activities in the Acute Care, Long Term Care homes and Community settings. Various components of the Electronic Health Record are being implemented in all areas including, client registration, scheduling and electronic charting.
2. The Brandon RHA has completed an Acquired Brain Injury (ABI) needs assessment and has revised and re-submitted the new initiative proposal to Manitoba Health to provide support and programming for individuals in our community who are living with an Acquired Brain Injury. A local Brain Injury Support Group has been established and remains active.

An organization that attracts and retains employees who feel valued and supported

This strategic priority aligns with the following Manitoba Health's Goals of "Optimize the health status of all Manitobans" and "Achieve a sustainable health system" as well as the following Provincial strategies:

- Lead innovation and system change through strategic partnerships.
- Improve access and sustainability in health care delivery through strategic investment in resources.

Critical Success Factors And Strategies

1. Ensure the development and implementation of a comprehensive strategic Human Resource Plan that includes: Strategic direction, Environmental scan (technical, external influences, etc.), Internal departmental and organizational analyses, HR Department review, Current and future human resources supply and demand, Quality of work life review, HR initiatives, Recommendations, Evaluation.
2. Ensure effective communication strategies throughout the Region.
3. Support implementation of a Child Day Care for the RHA employees.
4. Implement an Employee Wellness Program in collaboration with the Wellness Committee.

Performance Results

1. Brandon RHA once again received recognition as a *Top 25 Employer* in the province for the year.

   The 2006/2009 HR plan is now complete; the 2011/2013 HR Plan is in development in line with the new regional strategic plan completion.

2. The RHA Staff Intranet (internal website) was released in May 2011.

   The Region publishes a monthly in-house newsletter entitled the Regional Responder. This 8-page color document provides staff with useful information about programs and services, highlights organizational achievements, and serves to inform about new initiatives within the region.

   Staff also receive a weekly "What's Up" column to stay in touch.

   We continue to publish the bimonthly Health Care News publication free to the residents of Brandon and RM's of Cornwallis, Whitehead and Elton, with drop boxes at various Assiniboine RHA sites.

   Our senior management team meets monthly in the Regional Leadership Team forum, and we bring the entire organizational management team together quarterly to share highlights and receive updates around the region.

3. The Brandon RHA has developed a Child Care arrangement with the Y South Child Care Centre (YMCA) to secure preferential placement for children of Brandon RHA employees.

4. Our Employee Wellness Program remains strong and dynamic and continues to promote and supply financial support to a variety of employee wellness initiatives. Funding in the amount of $31,253 was utilized for nine employee driven initiatives in 2010/2011.

An organizational culture that focuses on safety, disclosure, learning, and improvement, using a system-wide approach

This strategic priority aligns with the following Manitoba Health's Goal of "Improve quality, accessibility and accountability" and the following Provincial strategies:

- Lead innovation and system change through strategic partnerships.
- Improve access and sustainability in health care delivery through strategic investment in resources.
- Build an integrated primary care system.

Critical Success Factors And Strategies

1. Acquire resources to facilitate and monitor the requirements for patient safety initiatives.
2. Participate in the "Safer Health Care Now!" campaign:
   - ✓ Deploy rapid response teams
   - ✓ Deliver reliable, evidence-based care for acute myocardial infarction
   - ✓ Prevent adverse drug events
   - ✓ Prevent central line infections
   - ✓ Prevent surgical site infections
   - ✓ Prevent ventilator-associated pneumonia (VAP)
3. Conduct patient safety leadership Walk Rounds.
4. Implement Accreditation Canada Patient Safety Goals and Organizational Practices.
5. Conduct a Climate of Safety Survey.
6. Utilize Root Cause Analysis for critical incidents.
7. Provide reports on patient safety to the Board semi-annually, including resolution/improvement.
8. Monitor and report adverse outcomes and critical incidents in accordance with policy.

Performance Results

1. As part of the ongoing commitment to patient safety, the Brandon RHA has increased the resources needed to facilitate some of the enhanced patient safety initiatives.
2. The RHA implemented a process for staff to access an ICU nurse to assess medically unstable and rapidly deteriorating patients based on the Safer Healthcare Now! (SHN) Rapid Response Team model.

   The Acute Myocardial Infarction (AMI) team was disbanded in 2010 as goals were reached with the exclusion of the thrombolytic door to drug time (transitioned to the ER Coordinating Team to continue to work towards the target).

   Medication Reconciliation Rates (Admission):

   Acute: October – December 2010 = 51.1%

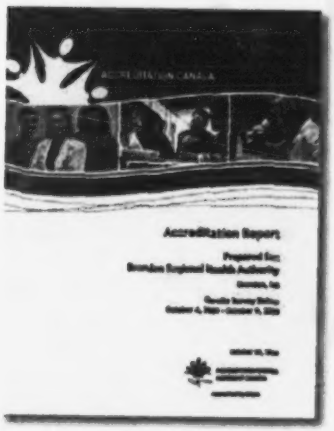
   LTC: October – December 2010 =
   Fairview – 100%; Rideau – 100%

   Home Care: October – December 2010 = 6%

3. Four Patient Safety Leadership Walkrounds were completed where members of the Executive Management Committee do a 'walk round' in a specific program area and engage the staff members in conversations around patient safety issues, seek recommendations from staff and observe the physical layout of the program area.

   Feedback and issues related to patient safety in the specific areas has been extremely helpful in proactively implementing changes to mitigate risk.

4. The Brandon RHA received "full accreditation status" from Accreditation Canada. The next on-site survey is scheduled for June 2012. To view the full accreditation report please visit our website at www.brandonrha.mb.ca and search Accreditation Report.
5. No new data to report.
6. The Brandon RHA continues to monitor and report adverse events and critical incidents in accordance with policy and provincial legislation. We have a thorough Critical Incident Review Process, using Root Cause Analysis, that includes full disclosure to patients and family.
7. The Executive Management Committee developed a Regional Quality/ Risk Management Council, providing monthly reports to the Board of Directors Committee of the Whole.
8. In 2010/2011 the region generated 4582 occurrence reports and reported 13 critical incidents. A process review is conducted for all critical incidents in accordance with provincial legislation.



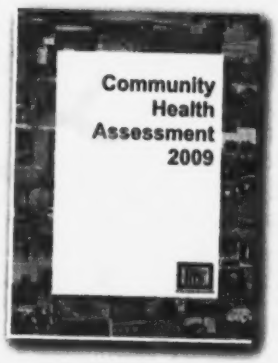
The Public Interest Disclosure (Whistleblower Protection) Act

The Public Interest Disclosure (Whistleblower Protection) Act came into effect in April 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters in the Manitoba public service, and strengthens protection from reprisal. The Brandon Regional Health Authority did not receive any disclosures under this legislation in 20010/2011; therefore, no investigations or reports ensued.

Community Health Assessment

The Brandon RHA completed an extensive Community Health Assessment (CHA) in 2009. The CHA describes the health, health needs and strengths of the Brandon population. The information gathered is used as a tool to determine future health priorities within the Region.

If you would like to see the full report go to our website www.brandonrha.mb.ca and search CHA.



Dual Diplomas

It's not very often you would get a college diploma before you actually received your high school one, but for nine Crocus Plains students that was the case. These students are the first graduates of Assiniboine Community College's (ACC) Comprehensive Health Care Aide (CHCA) program that was delivered out of Crocus Plains this past year.

This pilot project is a partnership between ACC, Crocus Plains High School and the Brandon Regional Health Authority (Brandon RHA). The cost to the student was minimal. They had to buy their uniform, shoes and a watch, and the Brandon School Division covered the tuition.

Any high school student can register for the course. Students enrolling will have to finish their grade 12 academic diploma in the first semester in addition to taking a couple of theory courses related to the CHCA program. The second semester is strictly devoted to the ACC program. It consists of theory and lab classes as well as nine weeks of clinical placements.

Many of the students did their clinical rotation with the Brandon RHA in various areas including Acute Care, Long Term Care, Mental Health and Community Health. Human Resources Manager Eileen Trott says they received nothing but positive feedback.

"Students have contributed to their own success. Supervisors and Managers, where students have done their practicums, have indicated that they have been amazing, very mature and well prepared." Most of the graduates are now working for the Brandon RHA.

With the program offered at Crocus Plains, it has already generated interest for the upcoming school year, nine students have already enrolled.

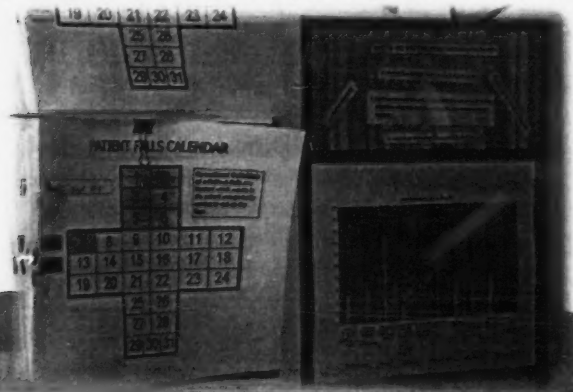
Releasing Time To Care

Releasing Time to Care™ (RTC) aims to freeing up nurses' time in order to provide more direct patient care. The Brandon Regional Health Centre (BRHC) was chosen as one of three flagship sites in Manitoba to try it out.

300 Surgery launched the "Releasing Time to Care" (RTC) licensed program for inpatient hospital units in January 2011. The program, developed in the United Kingdom, is for front-line nurses, unit staff, and everyone who works on the unit.

RTC helps clinical teams identify where they are spending time on activities that do not add value for patients — such as duplicate charting, searching for information, and dealing with numerous interruptions. The program provides guidance on how to test and implement changes to improve patient safety, staff well-being, patients' experience, and efficiency of care.

The RTC program includes three foundation modules (Well-Organized Ward, Knowing How We Are Doing, and Patient Status at a Glance) and eight process modules (Ward Rounds, Shift Handovers, Patient Observations, Admission and Planned Discharges, Meals, Medicines, Nursing Procedures, and Patient Hygiene). Each module provides a step-by-step guide to improve front-line processes of care using a variety of straightforward tools and techniques.



Western Manitoba Cancer Centre

The new cancer centre located in Brandon will now provide cancer treatment closer to home for the people of Western Manitoba. This joint partnership between the Brandon Regional Health Authority and CancerCare Manitoba will combine the expertise of both organizations with a network of care providers working together.

In addition to an expanded chemotherapy area, the centre will provide radiation therapy - the first time this service has been available outside of Winnipeg. A CT scanner is onsite for planning radiation therapy along with the linear accelerator which delivers the radiation treatments. This piece of equipment is located in Manitoba's first door-less radiation vault making it less intimidating for patients and more accessible for staff.

"We will be treating the most common sites for cancer which are lung, colorectal, breast and prostate," said Scott Kirk, Operations Manager for the Western Manitoba Cancer Centre.

To minimize travel even further the Cancer Centre also has four telehealth units. This allows patients to have clinic visits with oncologists without making the trip. Telehealth will also be used for training and education for staff keeping them connected with CancerCare Manitoba so they remain up to date with the latest technology.

The 24 million dollar facility is located next to the Brandon Regional Health Centre and is connected through a tunnel. There are also dedicated support services on site including a Clinical Pharmacist, Social Worker, Dietitian and a Patient Navigator. A patient resource room, volunteer area, teaching room, and a patient/family garden area complete this facility.

It is projected that between 300 and 400 patients per year will receive their radiation therapy in Brandon which will hopefully relieve some of the stress and financial burden with having to travel far for treatment. "This centre will save unnecessary travel to Winnipeg and families will be nearby for support," said Dr. Dhali Dhaliwal, president and CEO of CancerCare Manitoba.

Future Direction

As this is the final report for the 2006 – 2010 Strategic Plan, the key areas of focus for the Brandon RHA over the next five years have been developed and identified in the new Strategic Plan. This will move us in the direction to achieve our new vision of "Improved Health Status of the Population We Serve".

We strive to fulfill our vision by supporting healthy choices and delivering health services using partnerships and strategies that focus on the factors that determine health. We are guided by our values of accessibility; integrity; continuous improvement; respect and dignity; teamwork, partnerships and shared decision making.

In January 2010, the Brandon RHA Board of Directors held a data review and strategic planning forum. Invited were representatives from the Provider Advisory Committee, Medical Advisory Committee, Executive Management Team, Quality Improvement Team Leaders and various community stakeholders. The data that was reviewed at this forum assisted us in developing the overall direction for the Brandon RHA.

The outcome of this planning forum was the creation of a vision and mission statement, set of values and a list of strategic priorities for the Brandon RHA for 2011-2016.

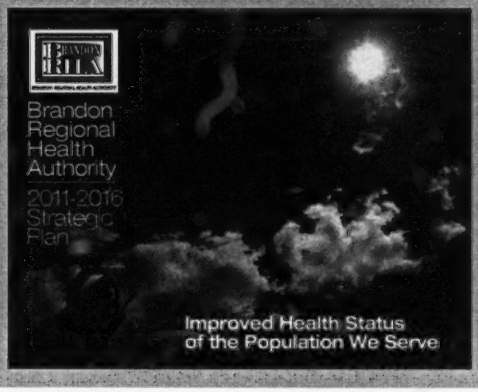
The 2011 – 2016 Brandon RHA Strategic Priorities are:

People-centered and evidence-based programs and services that are supported and sustained by effective resource utilization.
(Patient's needs are our top priority. We plan our programs and services using data and evidence around the needs of the population.)

Health system integration with partnerships that enhance access and minimize duplication.
(The people we serve are able to move smoothly through our programs and services; for example from hospital to Home Care services.)

An organizational culture that champions transparency, a culture of safety, ethical decision-making, learning, improvement, and innovation.

An organization that attracts and retains employees and provides an environment in which employees feel safe, valued, and supported.



Challenges

Limitations within our working environment influence our ability to respond to the increasing demand for service and changing standards of care. But in the current economy, the Brandon RHA is aware of the need to be careful on where and how we spend your dollars and with this challenge ethical decision-making based on current data and evidence must guide our actions. In addition, the aging infrastructures in many of our buildings cause us concern and are in need of attention.

Recent data shows an increase in diabetes and kidney related disease in our region and the increasing complexities of care along with an aging population create space and program pressures in our inpatient units. Data supports the need to promote health by providing more preventive measures and thus reducing the burden of chronic disease and innovative planning. Service delivery built on strong partnerships will be essential to promote population health. The Brandon RHA will need to strive to enhance access to primary care providers and promote the development of primary care networks in our region while reducing redundancies in the system.

The ability to provide safe, quality health care is a fundamental priority in the Region. This requires the quality and patient safety strategy to concentrate on the reporting, analysis and prevention of adverse events. Communication failures are the primary reason for occurrences and critical incidents and many of our strategic actions should focus on improvements in this regard. Innovative ideas and best practices are needed to promote, coordinate and facilitate activities that have a positive impact on patient safety. This commitment of continuous learning and improvement to a variety of programs and activities must be undertaken to transform patient safety based on ethical decision making.

Demographic data on the region's current workforce indicates that there are a significant number of staff members eligible for retirement in the next several years. Chronic shortages of staff in certain program areas and job classifications have been identified. Additionally, there has been an increase in our sick-time utilization and overtime rates.

Deloitte.

Deloitte & Touche LLP
360 Main Street
Suite 2300
Winnipeg MB R3C 3Z3
Canada

Tel: (204) 942-0051
Fax: (204) 947-9390
www.deloitte.ca

INDEPENDENT AUDITOR'S REPORT

To the Directors of Brandon Regional Health Authority

We have audited the accompanying consolidated financial statements of Brandon Regional Health Authority, which comprise the consolidated statement of financial position as at March 31, 2011, and the consolidated statements of operations, changes in net assets, and cash flows for the year then ended, and notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Audit Opinion

In our opinion, these consolidated financial statements present fairly, in all material respects, the financial position of Brandon Regional Health Authority as at March 31, 2011 and the results of its consolidated operations and its consolidated cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Deloitte & Touche LLP

Chartered Accountants

Winnipeg, Manitoba
July 5, 2011

BRANDON REGIONAL HEALTH AUTHORITY
CONSOLIDATED STATEMENT OF FINANCIAL POSITION

As of March 31		2011		2010
				(Restated - Note 17)
ASSETS				
CURRENT				
Cash	$	7,818,241	$	8,202,853
Accounts receivable (Note 3)		6,354,617		5,527,256
Inventories		2,049,098		2,040,309
Prepaid expenses		1,841,679		2,069,823
Due From Manitoba Health - Vacation		7,224,269		7,224,269
Due From Manitoba Health - Vacation Non-Devolved Facilities		190,916		190,916
		25,478,820		**25,255,426**
DUE FROM Manitoba Health - Pre-retirement		9,191,179		9,191,179
DUE FROM Manitoba Health - Pre-retirement Non-Devolved Facilities		199,105		199,105
LOAN RECEIVABLE - Brandon YMCA (Note 4)		320,000		320,000
INVESTMENTS (Note 5)		3,242,854		3,272,884
CAPITAL ASSETS (Note 6)		123,091,304		110,526,071
	$	**161,523,262**	$	**148,764,665**
LIABILITIES				
CURRENT				
Accounts payable and accrued liabilities	$	11,575,449	$	12,432,578
Bank advances (Note 7)		746,699		836,707
Employee Future Benefits - Vacation		11,123,248		10,708,947
Due to Non-Devolved Facilities - Employee Future Benefits - Vacation		190,916		190,916
Current portion of obligation under capital lease (Note 9)		125,816		-
Current portion of long term debt (Note 8)		125,349		117,699
		23,887,477		**24,286,847**
EMPLOYEE FUTURE BENEFITS - Pre-retirement		14,652,065		14,695,556
DUE TO NON-DEVOLVED FACILITIES - Employee Future Benefits - Pre-retirement		199,105		199,105
OBLIGATION UNDER CAPITAL LEASE (NOTE 9)		542,494		-
LONG TERM DEBT (Note 8)		400,499		525,848
DEFERRED CONTRIBUTIONS (Note 10)				
Expenses of future periods		1,788,964		1,741,829
Capital assets		115,271,548		102,964,965
		156,742,152		**144,414,150**
COMMITMENTS AND CONTINGENCIES (Note 14)				
NET ASSETS				
Invested in capital assets (Note 11)		3,190,378		1,745,084
Internally restricted (Note 12)		3,745,305		4,048,769
Externally restricted (Note 12)		28,317		28,280
Unrestricted		(2,182,890)		(1,471,618)
		4,781,110		**4,350,515**
	$	**161,523,262**	$	**148,764,665**

Financial information was taken from the Annual Financial Statements reported on by Deloitte and Touche in the Audit report dated July 5, 2011. A complete set of financial Statements, Auditors Reports and Public Sector Compensation disclosure can be obtained from www.brandonrha.mb.ca or the Brandon RHA Administration office by calling 204-578-2300.

BRANDON REGIONAL HEALTH AUTHORITY
CONSOLIDATED STATEMENT OF OPERATIONS

For the year ended March 31	2011	2010
REVENUE		
Manitoba Health operating income		
Income as per Funding Document (excluding funding related to Capital and Interest)	$ 167,920,201	$ 161,034,947
One Time Funding	3,830,005	3,343,398
Retroactive Salary Payments	3,006,098	901,343
Recovery of Non Global Items	(66,608)	(258,374)
Other Manitoba Health Income	4,269,710	4,643,194
Total Manitoba Health Funding (Note 13)	178,959,406	169,664,508
Non-insured income	8,364,949	8,679,551
Other Income	3,596,152	3,613,430
Amortization of deferred contributions	9,237,304	9,699,380
Capital revenue - Non Devolved Facilities	153,236	126,583
Ancillary revenue	3,923,449	1 3,768,156
	204,234,496	**195,551,608**
EXPENSES		
Acute Care Services	113,414,571	108,078,456
Long Term Care Services	27,977,226	26,687,410
Medical Remuneration - All Programs	15,507,117	14,921,691
Community Based Mental Health Services	13,964,266	13,487,000
Community Based Home Care Services	7,382,963	7,541,373
Community Based Health Services	7,131,489	6,763,700
Land Ambulance	608,592	577,644
RHA Administration Costs	4,125,647	4,449,384
Amortization of capital assets	8,578,221	8,203,065
Capital payments - Facilities	153,236	126,583
Interest on long term debt	41,830	49,014
Other operating expenses	1,382,309	3,500,348
Ancillary expenses	3,512,448	3,358,799
	203,779,915	**197,744,467**
Excess (Shortfall) of revenue over expenses	$ 454,581	$ (2,192,859)
ALLOCATION OF EXCESS (SHORTFALL) OF REVENUE OVER EXPENSES:		
Investment in Capital Assets - Manitoba Health Activities	$ (931,802)	$ (557,576)
Investment in Capital Assets - Non Manitoba Health Activities	(373,341)	(451,247)
Unrestricted - Manitoba Health Activities	1,180,930	(1,724,023)
Internally Restricted - Non Manitoba Health Activities	578,757	539,948
Externally Restricted	37	39
	$ 454,581	$ (2,192,859)

Financial information was taken from the Annual Financial Statements reported on by Deloitte and Touche in the Audit report dated July 5, 2011. A complete set of financial Statements, Auditors Reports and Public Sector Compensation disclosure can be obtained from www.brandonrha.mb.ca or the Brandon RHA Administration office by calling 204-578-2300.

BRANDON RHA PROGRAMS AND SERVICES

Brandon Regional Health Centre (BRHC)

150 McTavish Avenue East
Brandon, Manitoba R7A 2B3
Ph: (204) 578-4000
Fax: (204) 578-4876

- Fracture (Cast) Clinic
- Clinical Psychology
- Day Treatment
- Emergency/Observation Unit
- Gastro Intestinal (GI) Unit
- Heart Program
- Infection Control
- Intensive Care Unit
- Medical and Surgical Units
- Mother and Baby Unit
- Lactation Consultant
- Medical Rehabilitation Unit
- Neonatal Intensive Care Unit
- Ostomy/Wound Care
- Paediatrics
- Pain Management
- Palliative Care/Waiting Placement
- Prehab Program
- Renal Unit (Dialysis)
- Respiratory Program
- Rehabilitation Services
- Short Term Emergency Program (STEP)
- Surgical Suite (Operating Room/Recovery)
- Tobacco Dependence Program
- Stroke Prevention Clinic
- Preoperative Assessment Clinic
- Renal Insufficiency Clinic

Regional Rehabilitation

Ph: (204) 578-2390

- Communication Disorders
- Children's Therapy Initiative
- Occupational Therapy
- Physiotherapy
- Neuropsychology Clinics
- Recreation Therapy
- Audiology Services

Diagnostic Services

- Breast Check Program
- Bone Density
- Cardiology (ECG/Stress Testing/Holter Monitoring)
- CT Scan
- Echocardiography
- Electroencephalography (EEG)
- General Imaging (X-Ray)
- Interventional Radiology
- Mammography
- MRI
- Nuclear Medicine
- Pacemaker Clinic
- Respiratory Services
- Ultrasound

Western Manitoba Cancer Centre

300 McTavish Avenue East
Ph: (204) 578-2222
Fax: (204) 578-4991

- Chemotherapy
- Radiation Therapy

Public Health

A5 - 800 Rosser Avenue,
Town Centre
Brandon, Manitoba R7A 6N5
Ph: (204) 578-2500
Fax: (204) 578-2823

- Child Health Clinics
- Communicable Disease Control
- Community Postpartum Program
- Families First Program
- Healthy Beginnings—A Healthy Baby Program
- Immunization Services
- Prenatal Sessions
- School Health Program and Teen Clinic
- Sexual Health Program
- Travel Health Services
- Unified Referral Intake System (URIS)

Health Promotion Program

Unit C5—800 Rosser Avenue
Brandon, MB R7A 6N5
Ph: (204) 578-2193

- Community Nutritionist
- Health Education
- Healthy Living Facilitators

Medical Officer of Health

Ph: (204) 578-2509

Midwifery Services

531 Princess Avenue
Brandon, Manitoba R7A 0P1
Ph: (204) 571-5530
Fax: (204) 571-5537

Diabetes and Heart Health Promotion

Ph: (204) 578-2370

7th Street Health Access Centre

20 - 7th Street
Brandon, Manitoba R7A 6M3
Ph: (204) 578-4800
Fax: (204) 578-4950

- Adult Community Mental Health Worker
- Brandon Ministerial Benevolent Fund
- Community Health Nurse, Social Worker and Support Workers
- Cultural Facilitators (Spanish and Chinese)
- Housing Resource Worker
- Community Volunteer Income Tax Program
- Mental Health Peer Support Worker
- Needle distribution program/sharps drop off site
- Nurse Practitioner (Extended Practice Nurse)
- Service Navigator
- Community-based Addictions Services - Addictions Foundation of MB
- Family Services and Housing (off peak bus pass exchange site)
- Family Violence Outreach Worker - YWCA Westman Women's Shelter
- Free community phone, voicemail, computer and internet access
- Free shower, washer and dryer facilities

Mental Health Servic[illegible] Community Mental H[illegible]

B13 - 800 Rosser [illegible]
Town Centre
Brandon, Manitoba [illegible] R7A 6N5
Ph: (204) 578-2400
Fax: (204) 578-2822

- Psychosocial Rehabilitation
- Adult Community Mental Health
- Residential and Support Services
- Services for the Elderly

Centre for Adult Psychiatry (CAP)

BRHC - 150 McTavish Avenue East
Brandon, Manitoba R7A 2B3
Ph: (204) 578-4555
Fax: (204) 578-4940

Centre for Geriatric Psychiatry (CGP)

BRHC - Assiniboine Centre
150 McTavish Avenue East
Brandon, Manitoba R7A 2B3
Ph: (204) 578-4560
Fax: (204) 578-4948

Child and Adolescent Treatment Centre (CATC)

1240 - 10th Street
Brandon, Manitoba R7A 7L8
Ph: (204) 727-3445
Fax: (204) 727-3451
CSU Fax: (204) 728-5653
Toll Free: 1-866-403-5459

Westman Crisis Services Administration Office

Ph: (204) 725-3108
Fax: (204) 728-4665

Palliative Care

Ph: (204) 578-2340

Long Term Care

Fairview Home

1351 - 13th Street
Brandon, Manitoba R7A 4S6
Ph: (204) 728-6666
Fax: (204) 727-7616

Rideau Park Personal Care Home

525 Victoria Ave. East
Brandon, Manitoba R7A 6S9
Ph: (204) 727-1734
Fax: (204) 726-6690

Associated with the following Personal Care Homes: Hillcrest Place, Dinsdale and Valleyview Care Centre

Allied Health Services

- Health Resource Centre (Library)
- MB Telehealth
- Medical Services and Utilization
- Dietitians
- Pharmacy, Rural Pharmacy
- Practice Guidelines Facilitat[illegible]
- Social Work
- Spiritual Care
- Therapeutic Dietetics
- Volunteer Services
- Westman Laboratory

Home Care Servic[illegible]

[illegible] Town Centre Brandon,
Manitoba R7A 7M2
Ph: (204) 578-2325
Fax: (204) 578-2821
Referral line: (204) 578-2339
homecare@brandonrha.mb.ca

- Adult Day Program
- Assessment and Application for Personal Care Home or Chronic Care placement
- Assessment and Case Management for Home Care
- Care Giver Relief and Respite Care
- Community Support Facilitator
- Equipment and Supplies
- Home Support and Personal Care Assistance
- Manitoba Home Oxygen Program
- Nursing and Therapy Services
- Personal Care Home Wait List Management
- Self / Family Managed Care Option
- Services for Seniors
- Supportive Housing

Corporate/Support Services

Ph: (204) 578-2300

- Biomedical/Biomedical Regional Services
- Communications
- Capital Planning
- Environmental Services
- Facility Engineering Services
- Financial Services
- Health Information Services
- Human Resources
- Information Technology and Telecommunications
- Maternal's Management
- Nutrition Services
- Occupational Health
- Privacy Officer (Your health information)
  Ph: (204) 578-4221
- Safety and emergency Services
- Security Officers
  Ph: (204) 578-4193
- Parking Services
  Ph: (204) 578-2153

Quality, Planning and Evaluation

Ph: (204) 578-2315

- Patient Safety
- Risk Management
- Quality Management
- Accreditation
- Process Improvement
- Clinical Documentation
- Organizational Performance System
- Regional Policies
- Population Health
- Patient Representative
  Ph: (204) 578-2155
  Norrik@brandonrha.mb.ca

Brandon Regional Health Authority
150A 7th Street, Brandon MB R7A 7M2
PH: (204) 578-2300 FAX: (204) 578-2820
www.BrandonRHA.mb.ca

BRANDON RHA COMMENT LINE
(204) 578-2104 or 1-800-735-6596